

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035292

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 183
FILED OCT 15 1962VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Phillipsburg	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memorial Hosp.		d. STREET ADDRESS —	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jesse Middle Benton Last Custer		4. DATE OF DEATH Month October Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 68
11a. FATHER'S NAME Charles Custer		11b. MOTHER'S MAIDEN NAME Mirin Belle	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Custer		14. NAME OF HUSBAND OR WIFE Catherine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>WW I</u>) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs. Catherine Custer-same		Address Phillipsburg, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emphysema DUE TO (b) CoR Pulmonale DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs one yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION 5/1/53. 10/10/62	
20f. CITY, TOWN, OR LOCATION Lebanon, Mo.	20g. COUNTY Lebanon, Missouri	20h. STATE Missouri	
21. I attended the deceased from 5/1/53 to 10/10/62 and last saw him alive on 10/10/62 Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE E. J. Fisher M.D. (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-12-62	23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
24. FUNERAL DIRECTOR Douglas Geiswold, Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-1962	26. REGISTRAR'S SIGNATURE Hella L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

OCT 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Douglas Griswold

Licensed Embalmer No.

5099

P. O. Address

Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 10-12-1962. H.R.M.